



PRE-PURCHASE SUBMITTAL FORM

1. COMPLETE ALL FIELDS 2. PRINT LEGIBLY 3. ENTER ONLY ONE HORSE PER FORM

DATE: _____ HORSE NAME: _____ CLIENT: _____

VETERINARIAN:

(FIRST) _____ (LAST) _____ (D.V.M./V.M.D./B.V.Sc./MRCVS)

HOSPITAL/CLINIC NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

EMAIL/FAX NUMBER: _____

Enclosed is approximately 8-10cc PLASMA/ SERUM sample to perform the following analysis:

\$140 - ROUTINE DRUG SCREEN – ELISA procedures

Refer to the Technical Brief for the List of Drugs. TAT-24 hrs

\$270 - ROUTINE DRUG SCREEN + FIROCOXIB – ELISA & LC/MS/MS procedures

Refer to the Technical Brief for the List of Drugs. TAT-24 hrs

\$300 - INSTRUMENTAL ROUTINE DRUG SCREEN (sensitivity) - LC/MS/MS procedures

Refer to the Technical Brief for the List of Drugs. TAT-48 hrs

\$70 - NSAIDs Only (No Firocoxib)

Refer to the Technical Brief for the List of NSAIDs. TAT-24 hrs

\$70 - Tranquillizers/Sedatives & Corticosteroids Only

Refer to the Technical Brief for the List of Tranquillizers, Sedatives, & Corticosteroids. TAT-24 hrs

Drug(s) administered prior to sample collection:

Other Test(s) requested: _____

****LAB USE ONLY****

Date/Time Rec'd: _____ Opened by: _____ Carrier: FED EX USPS UPS

Amount of sample: _____ Tube(s): _____ ml (s) OTHER _____

Check #: _____ Amount: \$ _____ Package: BOX ENVELOPE

Notes: _____ OTHER _____

Client Code: _____ Revised Menu: _____ Page: _____ of _____